FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300000983

GATEHOUSE DEVELOPMENT CORP.

Principal Pla	ce of Business
313 CONGRES	SS STREET

Mailing Address

May 05, 1999 8:00 am Secretary of State

05-05-1999 90172 022 ***150.00



313 CONGRESS BOSTON MA 02	CONGRESS STREET TON MA 02210 CONGRESS STREET BOSTON MA 02210		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 02/19/1993		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			04-3182205		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country 25	Zip 29	Country 30		This corporation owes the current year In Personal Property Tax.	ntangible Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	d Agent	
			81	81 Name			
MCDONOUGH, BRIAN MUSEUM TOWER, 150 W. FLAGLER ST STE 2200		82	82 Street Address (P.O. Box Number is Not Acceptable)				
MIAM	11 FL 33130		83				
		•	84	City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above	-named	corporation submits this statement for the purpose of	of changing its	s registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	authorized by	the corpo	pration's board of directors. I hereby accept the app	ointment as r	egistered
	m lamiliar with, and accept the obliga	Mons of, Decion our Coop, in	Jinda Otaldics	•			ĺ
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Ager	it signature re	equired when reinstating) DATE		
12.		ID DIRECTORS	13.	~	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PC	☐ DELETE	1.† TITLE			☐ Change	☐ Addition
NAME	PLONSKIER, MARC S		1.2 NAME	ì			ì
STREET ADDRESS	313 CONGRESS ST.		1.3 STREE	ADDRESS			ĺ
CITY-ST-ZIP	BOSTON MA 02210		1.4 CITY-S	t-ZIP			Į
TITLE	VP	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	CANEPARI, DAVID J		2.2 NAME				
STREET ADDRESS	313 CONGRESS ST.		2.3 STREE	[ADDRESS			}
CITY-ST-ZIP	BOSTON MA 02210		2, 4 CITY-5				ì
TITLE	T	DELETE	3.1 TITLE			Change	Addition
NAME	DONOVAN, TIMOTHY M		3.2 NAME	}	conepaci. David J.		
STREET ADDRESS	313 CONGRESS ST.			ADDRESS	313 Congress Street		
	BOSTON MA 02210		3.4. CITY-S		canepari, David J. 313 congress street Boston 1914 OZZLO		l
CITY-ST-ZIP	ASC MA 02210	☐ DELETE	4.1 TITLE	, <u></u>		Change	Addition
NAME	HAMPTON, SARITA		4. 2 NAME				ļ
<u>'</u>	313 CONGRESS ST.			I LADDRESS			}
STREET ADDRESS	BOSTON MA 02210		4.5 STREE				
CITY-ST-ZIP	DOSTON WAY 02210	☐ DELETE	5.1 TITLE	1-21		☐ Change	Addition
			5.2 NAME	Ì		-	j
NAME PERCET ADDOCESS			1	ADDRESS			
STREET ADDRESS			5.4 CITY-S	i			Į.
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition
TITLE			6.2 NAME			_ •	_
NAME			4	raddress			ſ
STREET ADDRESS			6.4 CITY-S				
CITY-ST-ZIP			0.4 (111-0		<u> </u>		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trasfee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: